

Please print or type with ELITE type (12 characters/line) in the unshaded areas only.



U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

SAME ILT18001006-8
~~IL006593002~~

~~WASTE MANAGEMENT OF ILLINOIS~~
PO BOX 370
JOLIET, IL 60434

000104 AUG 19 80

2100 MOEN AVE
JOLIET, IL 60434

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER **APPROVED** **DATE RECEIVED (yr., mo., & day)**

ILT18001006831 A 800818

I. NAME OF INSTALLATION

Banner / Western Disposal Service

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3 SAME

CITY OR TOWN **ST.** **ZIP CODE**

4 SAME IL 60434

EPA Region 5 Records Ctr.



293078

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5 2100 Moen Ave.

CITY OR TOWN **ST.** **ZIP CODE**

6 Joliet IL 60434

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title) **PHONE NO. (area code & no.)**

2 Heslinga Ben. Manager 815-725-4200

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 Banner Disposal Service Inc

* See next page

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

F = FEDERAL
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☐ A. GENERATION

☒ B. TRANSPORTATION (complete item VII)

☒ C. TREAT/STORE/DISPOSE

☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR

☐ B. RAIL

☒ C. HIGHWAY

☐ D. WATER

☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION

☐ B. SUBSEQUENT NOTIFICATION (complete item C)

ILT180010068

C. INSTALLATION'S EPA I.D. NO.

~~IL006593002~~

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

AUG 10 1980

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F006 23 - 26	2 F017 23 - 26	3 F018 23 - 26	4 F009 23 - 26	5 F007 23 - 26	6 F008 23 - 26
7 F010 23 - 26	8 F012 23 - 26	9 F001 23 - 26	10 F002 23 - 26	11 F003 23 - 26	12 F004 23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 K051 23 - 26	14 23 - 26	15 23 - 26	16 23 - 26	17 23 - 26	18 23 - 26
19 23 - 26	20 23 - 26	21 23 - 26	22 23 - 26	23 23 - 26	24 23 - 26
25 23 - 26	26 23 - 26	27 23 - 26	28 23 - 26	29 23 - 26	30 23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 U190 23 - 26	32 23 - 26	33 23 - 26	34 23 - 26	35 23 - 26	36 23 - 26
37 23 - 26	38 23 - 26	39 23 - 26	40 23 - 26	41 23 - 26	42 23 - 26
43 23 - 26	44 23 - 26	45 23 - 26	46 23 - 26	47 23 - 26	48 23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
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E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE
(D001)


☒ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☒ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE 	NAME & OFFICIAL TITLE (type or print) Peter H. Huizenga, Secretary Banner/Western Disposal Service Div. of Waste Management of Illinois, Inc.	DATE SIGNED AUG 13 1980
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EPA Form 8700-12 (6-80) REVERSE

The information contained in this Notification is in response to the characteristics and list promulgated at 45 F.R. 33084, 33119-33127 (May 19, 1980) and the list promulgated at 45 F.R. 47832, 47833-47834 (July 16, 1980). Wastes listed herein are those handled in the past, currently, and which are anticipated to be handled in the future.

* and Waste Management of Illinois, Inc.